AIDS: INTERNATIONAL RESPONSE TO A GLOBAL THREAT

Acquired immune deficiency syndrome (AIDS) was first inscribed on the agenda of the United Nations General Assembly in October 1987. At that time, many Governments were still unaware of or denied the presence of the disease in their countries, although it had been first identified in 1981.

In little over a decade, the human immunodeficiency virus (HIV), which causes AIDS, has crossed all geographic boundaries as well as divisions of class, race, religion, age, gender and sexual orientation. It has become a global epidemic, a pandemic, of unprecedented proportions. No country is spared, no population is immune.

Statistics paint a bleak picture. The World Health Organization (WHO) estimates that:

- The cumulative global total of AIDS cases as of 1992 stands at about 2 million. By the year 2000, that number will rise to 18 million.
- One in every 250 adults in the world is HIV-infected.
- Every day this year, 5,000 additional people will be newly infected with HIV.
- By the year 2000, a total of 30 to 40 million men, women and children will have been infected.
- 60 per cent of adults infected with HIV will develop AIDS within 12 to 13 years of infection.
- Virtually all persons diagnosed as having AIDS die within a few years. Survival time after diagnosis is directly related to a better overall quality of health care.

INTERNATIONAL ACTION

The General Assembly adopted its first resolution on AIDS on 26 October 1987 (A/RES/42/8). It called on the Secretary-General, in cooperation with WHO, to ensure a coordinated response by the United Nations system to support the world-wide struggle against the pandemic.

- In discussing the issue, former Secretary-General Javier Pérez de Cuéllar said AIDS "threatens us with all the consequences of war — not only of massive death tolls and even greater numbers of disabled, but of orphans, of mass displacements, of loss of productivity, of overwhelming and bankrupting demands on financial, administrative and human resources, of fear and anger and panic, and of social instability".

Whether in research, public education or health-care delivery services, United Nations agencies and organizations are focusing their efforts to stem the tide of this global threat. Working often in close collaboration with one another, agencies are guided by the objectives set out in the Global Strategy for the Prevention and Control of AIDS.

- Endorsed by WHO in 1987, and recently updated, the Strategy provides the technical and policy basis for Governments and agencies to prevent infection with HIV; to reduce the personal and social impact of HIV infection; and to mobilize and unify national and international efforts against AIDS.
- In 1988, WHO and the UN Development Programme (UNDP) formed the WHO/UNDP Alliance to Combat AIDS.

MODES OF TRANSMISSION

AIDS is still believed by many to strike only specific, limited populations — such as homosexuals and intravenous drug users. The facts show otherwise:

- Globally, as of 1992, over 75 per cent of cumulative HIV infections in adults and 90 per cent of *new* infections are estimated to have been transmitted through heterosexual intercourse.
- In many large cities throughout the world, AIDS has become a leading cause of death for young adults 20 to 40 years old.

Perinatal transmission, or transmission from mother to child, was not considered a major problem in the early 1980s. However, rates are increasing with the rise in the number of HIV-infected women worldwide.

- Today, 10 per cent of new HIV infections are in children born to infected mothers. Most of the infections in newborn children are in sub-Saharan Africa, where over 3 million women have become infected since the start of the pandemic.

Although primarily a sexually transmitted disease, AIDS also is spread by transfusion of unscreened blood, transplant of HIV-infected organs or use of inadequately sterilized needles and syringes.

UNITED NATIONS

- A key element of the Global AIDS Strategy is improving blood-transfusion services in developing countries through collaborative efforts like the Global Blood Safety Initiative, which is implemented jointly by WHO and the League of Red Cross and Red Crescent Societies.

United Nations agencies, such as WHO, the United Nations Population Fund (UNFPA) and the World Bank, provide technical expertise and funding to projects which support blood screening for HIV infection.

RACING AGAINST THE CLOCK — THE SEARCH FOR A CURE AND VACCINE

UN partners have joined in the effort to develop a vaccine against AIDS and the search for drugs to effectively treat its symptoms.

- World-wide surveillance of AIDS and HIV infection is coordinated by WHO's Global Programme on AIDS (GPA). GPA's research work includes preparation of sites in developing countries to undertake field trials of AIDS vaccines, which will begin in the next two to three years.
- Working with UNDP and the pharmaceutical industry, WHO has been exploring ways to ensure universal access to any AIDS vaccines that may eventually be developed.
- In 1991, WHO's Steering Committee on Clinical Research and Drug Development on HIV/AIDS developed a strategy for drug development and agreed on criteria for the selection of drugs for clinical trials in developing countries.

BEHAVIOUR CHANGE — THE ONLY ALTERNATIVE

In the absence of a vaccine or cure for AIDS, culturally sensitive information and education strategies that focus on how HIV is transmitted and how exposure to it can be minimized or eliminated — such as with the use of condoms — are among the most important means of reducing the spread of the disease.

AIDS prevention education is a major focus of programmes supported by agencies such as the United Nations Children's Fund (UNICEF), UNFPA and WHO.

- In Burundi, for instance, with UNICEF support, AIDS education is being extended to reach children in the fifth and sixth grades in the hope that earlier counselling will provide a head start in preventing HIV infection among young people.

UNICEF also supports educational activities targeted at out-of-school youth in both urban and rural areas.

- In Trinidad and Tobago, young people not attending school have access to UNICEF-sponsored education through the "Body Beat" television series, a six-part soap opera about AIDS.

UNICEF also supports private-sector AIDS education programmes.

- In Kenya, UNICEF works with soft-drink distributors and trucking firms in an effort to educate groups considered difficult to reach.

At the global level, UNICEF educates policy makers, health workers and others about the impact of AIDS on women and children in developing countries through, among other things, the publication of a pamphlet, *Children and AIDS: An Impending Calamity*.

UNFPA-supported information and communication programmes include radio campaigns aimed at raising AIDS awareness among youth and women and AIDS seminars for specific population groups, such as workers in the organized labour sector.

UNFPA also distributes condoms for AIDS prevention through its Mother Child Health/Family Planning (MCH/FP) projects in some 30 countries. A sudden increase in demand for condoms, particularly in countries where HIV prevalence is increasing, suggests that this has come about largely as a response to AIDS, rather than an interest in family planning.

- In Zimbabwe, family planning clinics are typically a woman's domain. However, with increased AIDS awareness, men have begun to visit these clinics to obtain condoms. In 1991, UNFPA provided over 22 million condoms, or $507,000 worth, to Zimbabwe. It is estimated that the 1992 country-wide requirement will be 38 million. The Government and local companies are exploring the possibility of local production.

Recognizing the central role that communities must play in promoting behaviour change, UNDP, in collaboration with several non-governmental organizations (NGOs), organized last year an informal consultation on behaviour change in Dakar, Senegal. Participants included community-based organizations, NGOs and government representatives from Africa, Asia and the Pacific, and Latin America and the Caribbean.

A THREAT TO THE DEVELOPMENT PROCESS

Because the majority of deaths from AIDS occur in the most economically productive age group, the impact of the pandemic will drastically affect local and national economies, as well as the international economy as a whole.

- For example, local food production systems, and in particular subsistence farming, which is highly labour-intensive, are threatened with devastation as a consequence of AIDS.
- In certain areas of high HIV prevalence, the majority of infections and AIDS-related deaths have been among the well-educated and trained middle-class sector of society. As a result, these societies are losing a large proportion of their skilled and managerial work force, severely weakening their economies.

The World Bank is financing a research project on the economic impact of adult mortality from AIDS and other causes — a three-year study begun in 1990 in the Kagera region of Tanzania. A survey collects data on a sample of households as each copes with the fatal illness of one of its members. The data will be used to examine the impact of adult mortality, principally from AIDS, on productiyity and on survivor well-being, and to measure the full economic benefit derived from averting a case of HIV infection.

The Food and Agriculture Organization (FAO) has been studying the impact of AIDS on the agricultural sector of Central Africa to identify policy options open to affected countries and also to donors wishing to assist in launching appropriate responses.

UNDP conducts training workshops which aim to increase awareness of the socio-economic impact of the epidemic and to strengthen ability to cope at both the community and national levels.

- In 1991, in Mombasa, Kenya, UNDP ran the first in a series of workshops for trainers on the developmental impact of AIDS.
- Also in 1991, in sub-Saharan Africa, UNDP brought together Ministers of Planning and other key sectors as well as senior UN staff to discuss, among other things, the development implications of HIV/AIDS.

One of UNDP's aims is to help people understand that almost every facet of life will be affected by AIDS.

- In Rwanda, because one in every three adults is HIV-infected, UNDP has trained twice as many government employees as needed in computer operations so that as AIDS takes its toll the work can continue.

COPING WITH THE CRISIS — THE HUMAN FACTOR

In an effort to lessen the socio-economic impact of the epidemic and provide a safety net for those affected by AIDS, UNDP is developing innovative strategies and programmes to respond to the needs of communities.

- UNDP has established a "micro-fund" in Uganda to quickly and efficiently dispense small grants to community projects. For instance, in a village where AIDS has decimated the adult population, the fund might support a project to train surviving children to take over agricultural production. It might also support community counselling for young survivors to help them overcome the trauma associated with the loss of their parents.

Women represent an increasing proportion of total AIDS cases in many countries. For example, in the Dominican Republic, the ratio of HIV-infected men to women shifted from 4:1 in 1983 to 2:1 in 1990.

- UNDP and the UN Development Fund for Women (UNIFEM) are working closely with CARITAS (Catholic Charities) in Kigali, Rwanda, to identify why women are so vulnerable and what strategies are needed to ensure that their infection rates fall.
- In Haiti, UNICEF has provided technical assistance to create a structure at the regional level for the control of AIDS by and for women.

About half of the world-wide infected population is younger than 25 years of age. By the late 1990s, it is anticipated that AIDS will begin to reverse improvements in child survival that have been achieved over the past two decades.

WHO estimates that:

- As of 1991, HIV-infected women had given birth to almost one million infected children.
- In the 1990s, infant mortality in sub-Saharan Africa will be 30 per cent higher than it would have been in the absence of AIDS.
- Before the mid-1990s, while diarrhoea will remain the major cause of child mortality in sub-Saharan Africa, AIDS will cause more deaths in children in that region than either malaria or measles.

Through its Interregional Programme to Address the Impact of AIDS on Women and Children, established in 1990, UNICEF provides funds for prevention activities for seriously affected countries and for projects for special target groups, such as street children and AIDS orphans.

HIV-HIV infection is not the only way in which children are affected by AIDS. In many African countries, a generation of AIDS orphans is growing up without support, faced with hunger, loss of inheritance and property, and emotional deprivation. WHO estimates that there will be 10 to 15 million AIDS orphans globally by the year 2000.

- In countries such as Kenya, where, increasingly, HIV-infected babies are being abandoned in hospitals, UNICEF is developing strategies for community care for AIDS orphans and is funding national coalitions of community-based organizations.

World Food Programme (WFP) support to AIDS victims includes relief to households with high dependency ratios; food for hospital patients and children in orphanages; education and income-generating skills for dependents or potential victims; and support to health or social counsellors while in training.

- For example, in Tanzania, food entitlements are targeted at approximately 300 in-patients and 5,000 out-patients in Kagera, the region most affected by AIDS. Food aid will also be used to support training of approximately 100 AIDS counsellors and nurses.

AIDS DISCRIMINATION

"Discrimination relating to HIV and AIDS is neither acceptable according to international human rights law, nor is it helpful to the promotion of public health. On the contrary, discrimination represents a violation of human rights, and harms public health by driving AIDS 'underground', thus reducing access to counselling to those people who may be most in need of it."

(Luis Varela Quiros, Special Rapporteur to the UN Commission on Human Rights Sub-Commission on Prevention of Discrimination and Protection of Minorities, July 1991)

AIDS raises serious human rights questions. There are numerous cases of people affected by HIV and AIDS being discriminated against in their places of work, in their homes, in prisons, in hospitals and in a wide variety of other social contexts. Such discrimination affects not only those who are infected, but also people who are assumed to be infected on the grounds of their race, nationality, sexual orientation, occupation or lifestyle. It also affects families and friends associated with infected people.

The International Labour Organisation (ILO) is concerned with the potential impact of AIDS on the rights and welfare of workers, averting threats to employment rights and safeguarding the health and safety of workers in health care and other sectors.

- ILO is collecting information on national laws and practices concerning discrimination in the workplace against people infected with HIV or suffering from AIDS. With the cooperation of the Thai trade union movement, an ILO project in Thailand focuses on information and education campaigns in the workplace.

Refugee advocates and human rights groups allege that HIV-positive refugees are often denied asylum. The United Nations High Commissioner for Refugees (UNHCR) has developed an extensive dialogue with resettlement countries, countries of first asylum and countries of origin, urging them to do away with mandatory HIV screening requirements for refugees.

FOR OUR FUTURE SURVIVAL

The major impact of the AIDS pandemic will not be felt until the next decade, when a dramatically increased demand for services will be accompanied by severely constrained economies. In anticipation of this, United Nations agencies will expand their programmes to respond to future needs.

As Dr. Michael H. Merson, Director of the WHO Global Programme on AIDS, said recently, "If we have learned anything during the pandemic, it is that the greatest danger to the spread of HIV is complacency and denial and the biggest mistake is not to do enough soon enough."

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